Multidrug-Resistant Organism (MDRO) Case Report Form
New Jersey Department of Health

NJDOH USE ONLY
Received date:
NJDOH ID:

REPORTING FACILITY INFORMATION

Date completed: ____ Facility Name: ____
Facility Street Address: ____ City: ____ State: ____ Zip: ____
Facility POC: ____ Email: ____ Phone: ____ ext. ____
Facility type: ☐ Acute care ☐ Long-term acute care ☐ Long-term care/skilled nursing with ventilator beds ☐ Short-term rehabilitation
☐ Long-term care/skilled nursing without ventilator beds ☐ Other: ____

CASE INFORMATION

Patient First Name: ____ Patient Last Name: ____ Date of Birth: ____
Sex: ☐ Male ☐ Female ☐ Unknown Ethnicity: ☐ Hispanic and/or Latino ☐ Not Hispanic and/or Latino ☐ Unknown
Race (select all that apply): ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander ☐ Other: ____ ☐ Unknown
City of Residence: ____ State of Residence: ____ Is the patient living? ☐ Yes ☐ No ☐ Unknown
If no, date of death: ____ Cause of death: ____ ☐ Unknown

LABORATORY INFORMATION

Laboratory name: ____ Date of specimen collection: ____
Specimen site/source: ____ Clinical or Surveillance Specimen? ☐ Clinical ☐ Surveillance
MDRO organism (*Genus species*): ____ Date of laboratory confirmation: ____
Lab Street Address: ____ City: ____ State: ____ Zip: ____
Lab POC: ____ Email: ____ Phone: ____ ext. ____

PATIENT MOVEMENT IN INQUIRED HEALTHCARE FACILITY *(List rooms & units in which the patient resided within your facility in the past 30 days)*

Admission/Move date	Unit	Room	Contact Precautions			Roommates			Shared Bathroom			Discharge/Move date
			Yes	No	Unk	Yes	No	Unk	Yes	No	Unk	
01/01/2021	*ICU*	*302*	☑	☐	☐	☐	☑	☐	☐	☐	☑	*01/22/2021*
			☐	☐	☐	☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	☐	☐	☐	
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			☐	☐	☐	☐	☐	☐	☐	☐	☐	

PATIENT ADMISSION/DISCHARGE IN OTHER HEALTHCARE FACILITIES *(List all admissions and discharges from your facility in the past 30 days)*

Location ***from*** which the patient was sent to your facility (Each row represents a different admission to your facility)		Location ***to*** which the patient was sent from your facility (Each row represents a different discharge from your facility)	
Facility Name or "Home"	Date Received	Facility Name, "Home", or "Still Admitted"	Date Discharged
Facility X	*12/17/2020*	*Facility Y*	*01/01/2021*

ROOMMATES *(List all known roommates of the patient at your facility)*

Roommate First Name	Roommate Last Name	Roommate Date of Birth	Notes
John	*Doe*	*06/13/1960*	*Roommate stayed with patient from 1/15 – 1/22; transferred to another facility on 1/22*

HEALTHCARE SERVICES *(Select all healthcare services provided to the patient within the past 30 days)*

☐ Chemotherapy ☐ ECMO ☐ Imaging ☐ Inpatient dialysis ☐ IVIG ☐ Outpatient dialysis ☐ Rehabilitation

☐ Respiratory therapy ☐ Wound care ☐ Ultrasound ☐ Other:

MEDICAL CONDITIONS *(Select all of the patient's present medical conditions and those existing 14 days prior to the day of report)*

☐ Autoimmune disorder ☐ Bacteremia ☐ Bone marrow transplant ☐ Cancer (hematogenous) ☐ Cancer (solid)

☐ Cardiovascular disease ☐ Chronic kidney disease ☐ Chronic wounds ☐ COVID-19 (or history of COVID-19) ☐ Diabetes

☐ History of MDR infection ☐ HIV/AIDS ☐ Kidney failure ☐ Liver disease ☐ Neurologic disease ☐ Obesity

☐ Respiratory disease (Non-COVID) ☐ Sepsis ☐ Solid organ transplant ☐ Tuberculosis ☐ Ventilator dependent

☐ Other:

MEDICAL DEVICES *(Select all of the patient's present medical devices)*

☐ Abdominal feeding tube ☐ Central venous catheter ☐ Colostomy ☐ Hemodialysis catheter ☐ Intraabdominal drain/catheter

☐ Mechanical ventilator ☐ Nephrostomy ☐ Port(s) ☐ Surgical drain ☐ Tracheostomy/tracheostomy collar ☐ Urinary catheter

☐ Other:

MEDICAL PROCEDURES

Did the patient undergo medical procedures in the past 30 days (If yes, list the procedures below)? ☐ Yes ☐ No ☐ Unknown

Date	Procedure	Location	Facility
01/01/2021	*Line placement (PICC)*	*Interventional Radiology*	*Example Facility*

ANTIMICROBIAL EXPOSURES *(Select all of the patient's present antimicrobials and those administered 14 days prior to the day of report)*

Which (if any) of the following classes of antimicrobials was the patient exposed to? ☐ Unknown ☐ None

☐ **Aminoglycosides:** ☐ **Oxazolidinones:**

☐ **Carbapenems:** ☐ **Penicillins:**

☐ **Cephalosporins:** ☐ **Polypeptides:**

☐ **Fluoroquinolones:** ☐ **Rifamycins:**

☐ **Glycopeptides:** ☐ **Sulfonamides:**

☐ **Macrolides:** ☐ **Tetracyclines:**

☐ **Monobactams:** ☐ Other:

TRAVEL HISTORY

Did the patient receive any international healthcare during travel in the past year? ☐ Yes ☐ No ☐ Unknown

COMMENTS

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MDRO: Resistance Mechanism: ☐ Facility Report ☐ AR Surveillance Program

Collection date: Testing date: Alert date:

PHEL Submission date: Regional Epidemiologist lead:

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Please submit this completed form, with final microbiology reports attached to the end, via the secure portal, linked here: http://healthsurveys.nj.gov/NoviSurvey/n/zz2g8.aspx

If you have any questions, please email AR Surveillance Coordinator **Gabriel Innes** at Gabriel.Innes@doh.nj.gov or Healthcare Associated Infections and AR Epidemiologist **Adrienne Sherman** at Adrienne.Sherman@doh.nj.gov.

Clarification of Medical Conditions and Devices:
When completing this form, please reference the table below for certain options listed in sections regarding Medical Conditions, Medical Devices, and Medications (antibiotics and antifungals) to limit redundancy. If you have any additional comments, please list them in the box on the last page of the form.

MEDICAL CONDITIONS *(These examples are not exhaustive but provide an idea of the conditions included in each category)*
Autoimmune disorder: anemia, celiac disease, lupus, psoriasis, rheumatoid arthritis, scleroderma, vasculitis, etc.
Cancer (hematogenous): leukemia, lymphoma, myeloma, etc.
Cardiovascular disease: arrhythmias, coronary artery disease, cardiomyopathy, congestive heart failure, hypertension, etc.
History of MDR infection: Vancomycin-resistant *Enterococci* (VRE), Methicillin-resistant *Staphylococcus aureus* (MRSA), etc.
Liver disease: cirrhosis, fatty liver disease, hemochromatosis, hepatitis, etc.
Neurologic disease: Alzheimer's disease, ataxia, epilepsy, meningitis, multiple sclerosis, Parkinson's disease, etc.
Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease, emphysema, pneumonia, etc.

MEDICAL DEVICES *(These examples are not exhaustive but provide an idea of the devices included in each category)*
Abdominal feeding tube: nasogastric (NG) tube, orogastric (OG) tube, gastric (G) tube, jejunostomy (J) tube, etc.
Central venous catheter: central line (tunneled central venous catheter), peripherally inserted central catheter (PICC), etc.
Urinary catheter: Foley (indwelling) catheter, suprapubic catheter, etc.

MEDICATION EXPOSURES *(These examples are not exhaustive but provide an idea of the drugs included in each category)*
Aminoglycosides: Amikacin, Gentamicin, Kanamycin, Neomycin, Plazomicin, Streptomycin, Tobramycin, etc.
Carbapenems: Doripenem, Ertapenem, Imipenem, Meropenem, etc.
Cephalosporins: Ceftobiprole, Ceftriaxone, Ceftazidime, Cephalexin, Cefotaxime, Cefuroxime, Cefazolin, Cefepime, etc.
Fluoroquinolones: Ciprofloxacin, Delafloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Norfloxacin, Ofloxacin, etc.
Glycopeptides: Dalbavancin, Oritavancin, Teicoplanin, Telavancin, Vancomycin, etc.
Macrolides: Azithromycin, Clarithromycin, Erythromycin, Fidaxomicin, etc.
Monobactams: Aztreonam
Oxazolidinones: Linezolid, Tedizolid, etc.
Penicillins: Amoxicillin, Ampicillin, Carbenicillin, Dicloxacillin, Nafcillin, Oxacillin, Penicillin G or V, Piperacillin, Ticarcillin, etc.
Polypeptides: Bacitracin, Colistin, Polymyxin B, etc.
Rifamycins: Rifabutin, Rifampin, Rifapentine, Rifaximin, etc.
Sulfonamides: Mafenide, Sulfacetamide, Sulfadiazine, Sulfadoxine, Sulfamethizole, Sulfamethoxazole, Sulfasalazine, etc.
Tetracyclines: Doxycycline, Eravacycline, Minocycline, Omadacycline, Tetracycline, etc.